HCA NEVADA GOOD COVERNMENT FUND **CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT** State of Nevada Sunrise Healthcare System Good Government Fund PAC Name (print) 3186 S. Maryland Parkway, Office (if applicable) District (if applicable) 731–8706 Las Vegas, NV 89109 (702)Mailing Address (include city and zip code)
Chris.Taylor(dhcahealthcare.com Telephone No. 731-8706 E-Mail Address Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL FILING KX. Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003 FILE Report #1 — Due August 31, 2004 JAN 1 4 2004 Incumbents in an Office with a 4-year term Jan. 5, 2001 - Aug 26, 2004 Period: Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 -- Aug 26, 2004 Jan. 1, 2004 - Aug. 26, 2004 Period: **DEAN HELLER** Ballot Advocacy Groups (BAGs) only: Period^{*} Dec. 5, 2002 - Aug 26, 2004 SECRETARY OF STA Report #2 Due -- October 26, 2004 FOR OFFICE USE ON Period: Aug. 27, 2004 - Oct. 21, 2004 П Report #3 Due — January 15, 2005* Period: Oct. 22, 2004 - Dec. 31, 2004 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004 AN PAC 381 П Annual Filing – Due January 15, 2005 Period: January 1, 2004 - December 31, 2004 * Third Report suffices for 2005 Annual Filing If candidate also filed Report Nos. 1 and 2 Cumulative From Beginning CONTRIBUTIONS SUMMARY of Report Period #1 through End This Period of This Reporting Period 1. Total Monetary Contributions Received in Excess of \$100 \$10,000.00 \$10,000.00 2. Total Monetary Contributions Received of \$100 or Less \$0.00 <u>\$0.</u>00 This Period **Cumulative From** Beginning of Report Period #1 Through End of This Reporting 3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2) \$10,000.0d *\$10,000.00 4. Total Value of In Kind Contributions Received in Excess of \$100 \$0.00 \$0.00 **EXPENSES SUMMARY** 5. Total Monetary Expenses Paid in Excess of \$100 \$7,400.00 \$7,400.00 6. Total Monetary Expenses Paid of \$100 or Less \$36.50 \$36.50 7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6) <u> \$7436.50</u> §\$7,436.50 8. Total Value of In Kind Expenses in Excess of \$100 \$0.00 \$0.00

*PAC account balance = \$4,236.06 on 12/31/03.

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

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